

not unreasonable to suppose that the stimulation above referred to may as readily produce the one form of matter as the other.

A strong reason for deeming this peculiar formation of calcific matter in the pulp chamber physiological rather than pathological as to origin, is the fact that the experience of almost every observer of this formation agrees in the statement that it is found most frequently in well-developed, well-nourished and usually plethoric individuals. I have often acted upon this assumption, and on discovering one, or perhaps two, of the canals of a superior molar closed to the finest broach, and having been attacked with caries which penetrated the tooth to the position of the pulp chamber originally, the tooth had, in the words of the patient, "just rotted away and never ached at all," I have cleansed the remaining root canals, if any, and after thorough antisepting with iodoform and eucalyptus oil, or aristol and eucalyptus oil, which is less disagreeable, or perhaps with hydrarg. bi-chlor. 1-500 or 1-1000, have dried and filled just as I should have filled any ordinary case. I have several such under observation which have been thus dealt with, one two years ago, and three or four for a shorter time, all giving good satisfaction. I feel quite well satisfied myself that the real office of the ordinary "nerve stone," "nerve nodule," "pulp stone," "odontome," or "endodonthele," by whatsoever term we may choose to call it, *is not to cause* the intense pain of neuralgia, or pericementitis, or any of those terribly painful conditions which usually precede its discovery, but its work *is to prevent* this trouble, and I would just here ask, "Who knows how often this latter purpose is fulfilled to the letter?" A good idea may be formed of a proper answer to this question by filing down a hundred of those diseased teeth which have been extracted for replacement with artificial dentures, as is done by the student of the first or second year where the system of Dr. Black has been adopted in teaching "*Operative Technique.*"

Very many of these cases "never ache but just rot away," and if examined will be found to possess ample evidence of this purpose in the formation of calcific deposits in the pulp chamber.

The diagnosis of this irregularity of tooth structure is comparatively easy where the tooth has been penetrated by caries to the locality of the pulp chamber. Any effort to remove the pulp will expose the presence of the deposit; but where this deposit exists in an apparently sound tooth, and having been produced through some irritation, perhaps of a systemic character, such as often causes loss of enamel at the gingival margin or very great sensitiveness in the same locality, its presence is suggested by extremely painful spasms, or occasional sharp piercing pain in the tooth, or perhaps a condition resembling pericementitis, which can best be ended by making forcible entrance with a good sharp bur, or a sharpened glyddon drill shank, dipped in cocaine crystals and